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U. S. Department of Agriculture
Bureau of Animal Industry
Animal Husbandry Division

FORMS

Formulated and Approved by the Committee on Record Forms
For Use in the Administration and Operation of the
National Poultry Improvement Plan

N.P.I.P. Form 1 - Hatchery Agreement
N.P.I.P. Form 2 - Flock Agreement
N.P.I.P. Form 3 - Flock-Selecting and Pullorum-Testing Report
N.P.I.P. Form 4 - Flock Inspection Report
N.P.I.P. Form 5 - Hatchery Inspection Report
N.P.I.P. Form 6 - U.S.R.O.P. Inspection Report
N.P.I.P. Form 7 - U.S.R.O.P. Breeding Pen Record
N.P.I.P. Form 8 - U.S.R.O.P. Incubation and Chick-Banding Report
N.P.I.P. Form 9 - U.S.R.O.P. Pedigree Index Record
N.P.I.P. Form 10 - U.S.R.O.P. Sales Report
N.P.I.P. Form 11 - U.S.R.O.P. Male Record
N.P.I.P. Form 12 - U.S.R.O.P. Breeding Pen Progeny Record

N.P.I.P. Form 8 and N.P.I.P. Form 10 may be purchased from Dr. J. W. Kalkus, chairman of the committee. Two additional forms, A.H. 468, U.S.R.O.P. Pullet Report, and A.H. 469, U.S.R.O.P. Hen Report, are available from the Bureau of Animal Industry, Washington, D. C.

Standing Committee on Record Forms

J. W. Kalkus, Western Washington Experiment Station, Puyallup, Wash.
R. B. Jones, Department of Agriculture and Industries, Montgomery, Ala.
Roy E. Jones, Connecticut State College, Storrs, Conn.
J. M. Moore, Michigan State College, East Lansing , Mich.
M. A. Seaton, Kansas State College of Agriculture, Manhattan, Kans.
Berley Winton, Bureau of Animal Industry, U. S. D. A., Washington, D. C. (ex officio)
Paul B. Zumbro, Bureau of Animal Industry, U. S. D. A., Washington, D. C. (ex officio)

N.P.I.P. Form 1 (Prepare in duplicate. Original for official State agency and copy for hatchery owner or manager.)

The National Poultry Improvement Plan

Hatchery Agreement

Memorandum of Agreement between the official State agency and _____, owner or manager of the _____ _____Hatchery, located at _____, covering the cooperative work of the National Poultry Improvement Plan.

Total hatching capacity (How determined)_____

A. The official State agency agrees:

1. To permit the use of the prefix "U.S." in connection with other terms in describing, advertising, and selling hatching eggs, baby chicks, and breeding stock of the various classes, when attained and when satisfied that all the rules and regulations of the National Poultry Improvement Plan and the official State agency have been complied with.

2. To direct, supervise, and be responsible for all the work done relative to flock selection in the various breeding stages and to testing for pullorum disease as provided for in the National Poultry Improvement Plan.

3. To conduct efficiently the inspection work called for in the National Poultry Improvement Plan.

4. To report, upon detection, to the Bureau of Animal Industry of the U.S. Department of Agriculture, any member or members of the poultry industry participating in but not complying with the provisions of the National Poultry Improvement Plan.

B. The hatchery owner or manager_____ agrees:

1. To comply with the requirements of the _____ (breeding stage) stage and _____ (pullorum control class) class of the National Poultry Improvement Plan, a copy of which is attached and is a part of this agreement; and also to comply with the rules and regulations governing the official State agency.

2. To submit to the official State agency, for approval, all advertising copy in duplicate.

3. To keep the records called for in the National Poultry Improvement Plan and to make such records accessible to representatives of the official State agency upon request.

4. It is mutually agreed that the fees covering this work shall be as follows:

C. Revocation of Agreement: It is mutually understood that this agreement may be revoked by the official State agency for violation. In case of revocation of this agreement or withdrawal by the hatchery owner or manager, the said hatchery owner or manager agrees to forfeit all fees paid or due to the official State agency and to forfeit all rights and benefits of participating in the National Poultry Improvement Plan.

This Memorandum of Agreement shall take effect_____, 193___, and shall continue through June 30, 193___, subject to renewal from year to year thereafter by mutural consent of the cooperating parties.

_____ (Date)

_____ (Hatchery owner or manager)

_____ (Date)

_____ (Designated representative of the official State agency)

N.P.I.P. Form 2 (Prepare in duplicate. Original for official State agency and copy for flock owner.)

The National Poultry Improvement Plan

Flock Agreement

Memorandum of Agreement between the official State agency and _____, located at _____,
(flock owner)
covering the cooperative work of the National Poultry Improvement Plan.

Approximate number of birds entered:
U.S. Approved_____
U.S. Verified_____
U.S. Certified_____
U.S. R.O.P._____
U.S. Pullorum Control_____

A. The official State agency agrees:

1. To permit the use of the prefix "U.S." in connection with other terms in describing, advertising, and selling hatching eggs, baby chicks, and breeding stock of the various classes, when attained and when satisfied that all the rules and regulations of the National Poultry Improvement Plan and the official State agency have been complied with.

2. To direct, supervise, and be responsible for all the work done relative to flock selection in the various breeding stages and to testing for pullorum disease as provided for in the National Poultry Improvement Plan.

3. To conduct efficiently the inspection work called for in the National Poultry Improvement Plan.

4. To report, upon detection, to the Bureau of Animal Industry of the U.S. Department of Agriculture, any member or members of the poultry industry participating in but not complying with the provisions of the National Poultry Improvement Plan.

B. The flock owner or manager _____agrees:

1. To comply with the requirements of the _____
(breeding stage)
stage and _____class of the National Poultry Im-
(pullorum control class)
provement Plan, a copy of which is attached and is a part of this agreement; and also to comply with the rules and regulations governing the official State agency.

2. To submit to the official State agency, for approval, all advertising copy in duplicate.

3. To keep the records called for in the National Poultry Improvement Plan and to make such records accessible to representatives of the official State agency upon request.

4. It is mutually agreed that the fees covering this work shall be as follows:

C. Revocation of Agreement: It is mutually understood that this agreement may be revoked by the official State agency for violation. In case of revocation of this agreement or withdrawal by the flock owner or manager, the said flock owner or manager agrees to forfeit all fees paid or due to the official State agency and to forfeit all rights and benefits of participating in the National Poultry Improvement Plan.

This Memorandum of Agreement shall take effect _____, 193___, and shall continue through June 30, 193___, subject to the renewal from year to year thereafter by mutual consent of the cooperating parties.

_____ (Date)

_____ (Flock owner or manager)

_____ (Date)

_____ (Designated representative of the official State agency)

N.P.I.P. Form 3 (Prepare in quadruplicate: Original to be submitted to official State agency; copies for hatchery owner, flock owner, and official State inspector or flock-selecting or pullorum-testing agent.)

The National Poultry Improvement Plan

Flock-Selecting and Pullorum-Testing Report

1. _____
(Flock owner's name) (address)
2. To whom are hatching eggs sold? _____
(name) (address)
3. Breed and variety _____
4. Breeding stage: U.S. Approved( ); U.S. Verified ( ); U.S. Certified ( )
5. Pullorum Control Class: U.S. Pullorum-Tested ( ); Passed ( ); Clean ( )
6. No. selected: Females _____; Males _____; Total _____
No. rejected: Females _____; Males _____; Total _____
7. No. tested: Females _____; Males _____; Total _____
No. reactors: Females _____; Males _____; Total _____
8. Percentage of reactors _____
9. Band numbers: Females _____ to _____, inclusive.
Band numbers: Males _____ to _____, inclusive.
10. Poultry House: Size _____; Kind of floor _____; Condition _____
11. Feeding: Mash _____; Grain _____; Milk _____; Fish oil _____; Green feed _____
12. Are breeders confined? _____; Free range? _____
13. Indicate condition of flock: _____; Disease _____; Parasites _____
14. Source of male birds _____
15. Number of males for sale _____; Breeding stage _____
16. Number of males desire to buy _____; Breeding stage _____
17. Check method of testing used: Standard tube ___; Whole blood ___; Rapid serum ___
18. Manufacturer of antigen _____; Serial No. _____
19. Grade classification of flock by hatcheryman _____

Date _____ _____
(Signature of State inspector or selecting agent)

Date _____ _____
(Signature of veterinarian or testing agent)

Agreement of Flock Owner

I agree to separate all reactors and untested birds from the breeding flock or flocks immediately and will remove from my premises all birds which react to the test for pullorum disease within 10 days from this date. I further agree that no unbanded or untested birds will be allowed in the breeding flock or flocks on this farm from which hatching eggs are sold.

Date _____ _____
(Signature of flock owner)

N.P.I.P. Form 4 (Prepare in duplicate. Original for official State agency and copy for official State inspector.)

The National Poultry Improvement Plan

Flock Inspection Report

1. _____
(Flock owner's name) (address)
2. To whom are hatching eggs sold? _____
(name) (address)
3. Breed and variety _____
4. Breeding stage: U.S. Approved ( ); U.S. Verified ( ); U.S. Certified ( )
5. Pullorum Control Class: U.S. Pullorum-Tested ( ); Passed ( ); Clean ( )
6. Disposal of reactors _____; Leg bands sent in _____
7. Disposal of cull birds _____
8. Number birds in supervised breeding flocks _____; Number unbanded _____
9. Other chickens on farm: _____ _____
(mated) (unmated)
10. Have birds been added: _____; Source _____
11. Hatching eggs: Care and storage _____
Number sold each week _____; Graded for size ( ); Color ( ); Shape ( )
12. Poultry house: Size _____; Kind of floor _____; Condition _____
13. Feeding: Mash _____; Grain _____; Milk _____; Fish oil _____; Green feed _____
14. Health of flock: Condition _____; Sanitation _____; Disease _____;
Parasites _____
15. Percent production _____
16. Number birds handled: Males _____; Females _____
17. Number birds rejected: Males _____; Females _____
18. Wing-band numbers of males _____
_____
19. Was selection work satisfactory? _____
20. Is agreement with hatchery satisfactory? _____
_____

REMARKS:

_____

_____

_____

Date _____

_____
(Official State Inspector)

N.P.I.P. Form 5 (Prepare in duplicate. Original for official State agency and copy for official State inspector.)

The National Poultry Improvement Plan

Hatchery Inspection Report

1. Hatchery: _____
(name) (address)
2. Egg capacity: _____ ; _____ ; _____
(custom hatching) (for sale) (total)
3. Advertised as U.S. Approved ( ); U.S. Verified ( ); U.S. Certified ( )
U.S. Pullorum-Tested ( ); Passed ( ); Clean ( )
4. Grades of chicks produced _____
5. Is custom hatching done? _____ ; Were these flocks tested? _____
Is separate room used? _____
6. Are incubators fumigated or disinfected?
(a) during each hatch? Yes _____ No _____
(b) after each hatch? Yes _____ No _____
(c) method used _____
7. Sanitary condition: Excellent _____ ; Good _____ ; Fair _____ ; Poor _____
8. Are battery brooders in a separate room? _____
9. Are white eggs free from tints? _____ ; Reasonably free from tints? _____
10. Number of trays examined _____ ; Number of eggs examined _____
11. Number of eggs under weight requirements _____ ; Percent _____
12. Are all eggs identified as to origin? _____
13. Premium paid for hatching eggs _____
_____
14. Are chicks properly sorted? _____ ; Of standard weight? _____
15. (a) Are adequate records kept on hatching eggs purchased? Yes ____ No _____
(b) On chicks and eggs sold? Yes _____ No _____
16. Are official chick box labels used? Yes _____ No. _____
17. Does advertising conform with the provisions of the plan? _____
_____

REMARKS

_____

_____

_____

_____ _____
(Date) (Official State Inspector)

N.P.I.P. Form 6 (Prepare in duplicate. Original for official State agency and copy for R.O.P. inspector.)

The National Poultry Improvement Plan

U.S.R.O.P. Inspection Report

Name of flock owner_____

Time of arrival at farm:_____ First trapping:_____

Time of last trapping:_____ Departure:_____

Trap-nest record of inspector:

Date	No. Birds	No. Eggs	Percent Production
Total or average			

Egg record ten days preceding inspection:

Date	No. Birds	No. Eggs	Percent Production	Date	No. Birds	No. Eggs	Percent Production
Total or average				Total or average			

1. Accuracy of egg scales:_____ Trap nests:_____
2. Condition of flock:_____
3. Subject of discussion with breeder:_____
   _____ Time spent: _____
4. U.S.R.O.P. breeding pens:
   (a) Number of pens:_____ (b) Males:_____
   (c) Females:_____ (d) Were breeding pens trap-nested?_____
5. Incubation of eggs:_____ Wing banding of chicks:_____

REMARKS

_____

_____

_____

_____ (Date)

_____ (R.O.P. Inspector)

N.P.I.P. Form 7

(Prepare in triplicate. Two copies for official State agency and one copy retained by breeder.)

The National Poultry Improvement Plan

U.S.R.O.P. Breeding Pen Record

1. Flock owner_____
(name) (address)

2. Breed and variety_____ Pen No._____ Year_____

Male: U.S.R.O.P. No._____
Wing band No._____
Body weight_____
Date hatched_____
Percent fertility_____
Percent hatchability_____

Pedigree of male
U.S.R.O.P. No._____
U.S.R.O.P. No._____
Egg record_____
Egg weight_____
Body weight_____

Females: U.S.R.O.P. No.	Wing Band No.	Egg Record	Egg Weight	Body Weight

_____ (Date)

_____ (Official State Inspector)

N.P.I.P. Form 8

NATIONAL POULTRY IMPROVEMENT PLAN
U.S. R.O.P. Incubation and Chick-Banding Report

(Breeder's Permanent Record)

Breeder's Name .....

Pen No. ....., Year.....

Male's { Wing Band No. ..... / U.S. R.O.P. Leg Band No.....

Male's Dam's { U.S. R.O.P. Leg Band No..... / Egg Production ..... / Egg Weight .....

DATE	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Total				
Hen Series No.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	% Hatch Total Eggs	Fertile Eggs % Hatch

N.P.I.P. Form 8

NATIONAL POULTRY IMPROVEMENT PLAN
U.S. R.O.P. Incubation and Chick-Banding Report

(Duplicate Record)

Breeder's Name .....

Pen No. ....., Year.....

Male's { Wing Band No. ..... / U.S. R.O.P. Leg Band No.....

Male's Dam's { U.S. R.O.P. Leg Band No..... / Egg Production ..... / Egg Weight .....

DATE		Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Total				
Hen Series	Hen No.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	% Hatch Total Eggs	% Hatch Fertile Eggs

Breeder .....

Pen No. ..... Year .....

Male's Wing Band No. .....

U.S. R.O.P. Leg Band No.....

Male's Dam's
- U.S. R.O.P. Leg Band No. .....
- Egg Production .....
- Egg Weight .....

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are set

N.P.I.P. Form 8

NATIONAL POULTRY IMPROVEMENT PLAN
U.S. R.O.P. Incubation and Chick-Banding Report

(Triplicate Record)

Breeder's Name .....

Pen No. ..... Year.....

Male's { Wing Band No. ..... / U.S. R.O.P. Leg Band No.....

Male's Dam's { U.S. R.O.P. Leg Band No..... / Egg Production ..... / Egg Weight .....

DATE		Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Set			Hatch	Total				
Hen Series	Hen No.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	Chick Band Nos.	Eggs Set	Infertile	Chicks	% Hatch Total Eggs	% Hatch Fertile Eggs

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

Breeder's Name .....

Pen No. .....

Mail to official State agency within 5 days after eggs are hatched.

N.P.I.P. Form 9 (Prepare in duplicate. Original to be submitted to official State agency and copy to be retained by breeder.)

*C = culled, out of condition
CM = culled for market
D = died
DIS = disqualification (name it)
CD = comb passed for dubbing (give date)

The National Poultry Improvement Plan

U.S.R.O.P. Pedigree Index Record

Date Hatched _____ 19____ Wing Band Number _____ to _____
Date Hatched _____ 19____ Wing Band Number _____ to _____

Wing Band Number	Pen No.	Dam's Number	Sex	*Disposal	Wing Band Number	Pen No.	Dam's Number	Sex	*Disposal
1					26				
2					27				
3					28				
4					29				
5					30				
6					31				
7					32				
8					33				
9					34				
10					35				
11					36				
12					37				
13					38				
14					39				
15					40				
16					41				
17					42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				

N.P.I.P. Form 10

NATIONAL POULTRY IMPROVEMENT PLAN
U.S. R.O.P. SALES REPORT

(For out-of-state sales, make report out in quadruplicate. For sales within the state, in triplicate. Retain one copy and send the remainder to your official state agency)

I wish to report the sale of hatching eggs..... cockerels..... baby chicks..... R.O.P.males..... R.O.P. females..... to .....
(place check mark after products sold)
(name of purchaser)

.....
(address of purchaser)

These products are from the U.S. R.O.P. breeding stock listed below.

.....
(date of shipment or delivery)

.....
(signature of producer)

.....
(address of producer)

No. Eggs or Wing Band No. of Each Chick or Cockerel or U.S. R.O.P. Leg Band No.	Date of Hatch (for other than eggs or chicks)	Dam's Record					Sire's U.S. R.O.P. Leg Band	
		R.O.P. Leg Band		Egg Production (number)	Egg Weight (oz per dozen)	Body Weight (pounds)		
		Series	Number				Series	Number

This is to certify that the U.S. R.O.P. records listed above are correct.

Date..... R.O.P. Supervisor.....

State of.....

N.P.I.P. Form 11 (Prepare in triplicate. Original for official State agency; copies for official State inspector and flock owner.)

The National Poultry Improvement Plan

U.S.R.O.P. Male Record

1. Flock owner _____ (name) _____ (address)

2. Source _____

3. Breed and variety _____

4. Number birds: (a) Qualified _____ (b) Rejected _____ Total number handled _____

Wing Band	U.S.R.O.P. Leg Band or Reasons for Rejection	Dam's Record				Sire's U.S.R.O.P. Leg Band
		R.O.P. Leg Band	Egg Production	Egg Weight	Body Weight	

_____ (Date)

_____ (Official State Inspector)

N.P.I.P. Form 12

(For breeder's use; no duplicates necessary.)

The National Poultry Improvement Plan

U.S.R.O.P. Breeding Pen Progeny Record

Flock Owner__________ Address__________ Breed and Variety__________ Year__________

Pen No.______ Male No.______ Wing Band No.______ Body Wgt.______ Dam's Egg Record______ Egg Wgt.______ Body Wgt.______

____

Official State Inspector

Female U.S.R.O.P. No.																					Sire's Totals
Wing Band No.																					
Egg Record																					
Egg Weight																					
Body Weight																					
Eggs Set																					
No. Infertile																					
Percent Fertile																					
Dead Germs																					
Chicks Hatched																					
Percent Hatch																					
Chick Mortality																					
Cockerels Sold																					
Cockerels Qual.																					
Leg Band																					
Egg Record																					
Egg Weight																					
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No. Daughters Culled																					
No. Daughters Entered																					
No. Daughters Qual.																					
Percent Daughters Qual.																					